Blue Print

For Exam 2 N110

**Maslow’s hierarchy of needs (basic)**

* Physiological Needs (Need to Live)
  + Food, Air, Water, Temperature, Shelter, Elimination, Rest, Pain Avoidance
* Self Actualization (Hardly Ever Achieve)
  + Innate need to develop ones maximum potential and realize ones abilities and qualities (i.e. Morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts)

**Risk factors, what they mean for an individual?**

* Higher Risk of getting disease process
* If things you can change to lower those risk factors you should
* Teaching purposes

**Healthy People 2010/2020 why developed?**

* Mainly for Education, the public, prevention.
* Educate people about risk factors for disease, when they see those risk factors, what are they going to do to change that?

**Types of family units**

* Blended , Single Parent, Nuclear and Extended Families mentioned specifically
* If you are living with mom, dad and siblings, it is nuclear ANYBODY else is extended
* Also: Traditional, Two Career, Adolescent (start young), Foster, Intragenerational (grand parents live w/them), Cohabitation (no marriage), Same Sex, Single Adults (living alone).

**Abnormal physical assessment findings**

* Focus on Healthcare Promotion Across the Lifespan power point, specifically the section that was covered in depth on the changes of an OLDER adult. If you find a change that is normal for the OLDER adult,in a middle aged man, say 50 years old, that would be ABNORMAL.
* Examples of normal findings in the OLDER adult (65+) are:
  + Integumentary Changes
    - Skin dryness, pallor, fragility, Wrinkling and sagging, Age spots, Decreased perspiration, Thinning and graying of body hair, Slower growth and thickening of nails
  + Musculoskeletal
    - ↓ Muscle mass, strength & speed, Loss of height, Joint stiffness, ↓ Joint mobility, ↓ ROM, ↓ Reaction time
  + Sensory-Perceptual Changes
    - Loss of visual acuity, Increased sensitivity to glare, Decreased ability to adjust to darkness, Arcus senilis, Presbycusis, Decreased sense of taste and smell, Increased threshold for pain, touch, and temperature
  + Pulmonary Changes
    - Decreased ability to expel accumulated matter, Decreased lung expansion, Less effective exhalation, Dyspnea with exertion
  + Cardiovascular Changes
    - Reduced cardiac output, Diminished baroreceptor response- orthostatic hypotension, rise slowly, Reduced elasticity- ↑ BP, Increased rigidity of arteries, High risk for irregular heart rhythms
  + Gastrointestinal Changes
    - Delayed swallowing time, Diminished gag reflex, Delayed gastric emptying, Increased indigestion, Decreased motility / peristalsis
  + Urinary Changes
    - ↓ renal clearance, Impaired renal function, Urgency and frequency, Nocturia, Retention
  + Genital Changes
    - Prostate enlargement, Atrophy of vulva, cervix, uterus, fallopian tubes, ovaries, Reduction in vaginal secretions, Changes in vaginal flora, Changes in sexual functioning.
  + Immunological Changes
    - Decreased immune system function, Lowered resistance to infection, Poor response to immunizations, Decreased stress response
  + Endocrine Changes
    - Increased insulin resistance

**Abnormal blood pressure symptoms**

* As it relates to position. What are ABNORMAL findings if you are laying down and then you sit up? Why do we tell patients to sit up slowly, dangle their feet off the bed until they are not dizzy?
  + Orthostatic Hypotension (also postural hypotension) – is a form of low blood pressure that happens when you stand up from sitting or lying down. It can make you feel dizzy, lightheaded or even faint.

**Physiologic changes associated with older adults**

* See Outline points for Abnormal physical assessments findings above

**Development of self concept (more related to the Middle and Older Adult)**

* How do you develop yourself concept?
  + *Develops from Childhood. It is a culmination of all your social interactions with other people.*
  + Four Dimensions of Self- Concept
    - Self Knowledge
    - Self Expectation
    - Social Self
    - Social Evaluation
  + Formation of Self Concept
    - Success in coping with tasks will determine self concept
    - Difficulty in coping = problems with self concept

~~Erickson’s’ stages of psycho-social development as it relates to middle and older adults~~

*This Question was Thrown out per Professor Stypolkowski at a Review Session on 10/12/12 at 1pm*

**The elderly and family relationships**

* They were always the ones to care for the family and now THEY need the caring for.
* How do the Elders react to situations like that?
* How do the relationships change with age?

**Types** **of rashes & characteristics**

* Green Handout from Prof O
* Rashes/Skin issues on page 587
  + **Macule**: Flat, non palpable/unelevated *change* in skin color (i.e. freckle, petechia, port wine birthmark, vitiligo (white patches), rubella. Smaller than 1cm. If you close your eyes and run your fingers over the macule, you will not feel it.



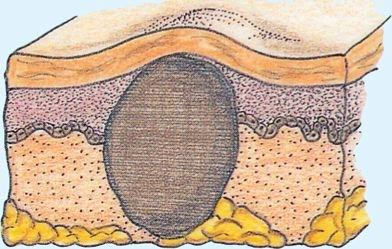
* + **Papule**: Palpable, circumscribed, solid elevation in skin, smaller than 0.5cm (i.e. elevated nevus, , acne, pimples elevated moles)



* + **Nodlue (aka cyst)**: elevated solid mass, deeper and firmer than papule, 0.2 to 0.5cm (i.e. wart)



* + **Tumor**: may be more than one skin layer deep, larger than 1 to 2cm (i.e. epithelioma)



* + **Wheal:** temporary, irregularly shaped, elevated area or superficial localized edema, varies in size (i.e. hive, mosquito bite)



* + **Vesicle (aka Blister):** Circumscribed elevation of skin *filled with serous fluid*, smaller than 0.5cm (i.e. herpes simplex, chickenpox)



* + **Pustule:** circumscribed elevation of skin similar to vesicle BUT filled with ***pus***, varies in size (i.e. acne, staphylococcal infection)

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* + **Ulcer:** Deep loss of skin surface that may extend to dermis and frequently bleeds and scars, varies in size (i.e. venous stasis ulcer) *VSU is NOT* from pressure



**Breath sounds Normal and where they are found on the body.**

* **KNOW YOUR GREEN SHEET!**
* REVIEW ASSESSMENT LAND MARKS SUCH AS: mid-clavicular, mid axilary etc
* IDENTIFY BREATH SOUNDS SUCH AS: wheezing, rhonchi etc
* Bronchial
  + Over trachea
  + Loud hollow, high pitched, expiration is longer than inspiration
* Bronchovesicular (front and back)
  + Over main stem bronchus and between scapule
  + Medium pitch, expiration equals inspiration
* Vesicular
  + Over most of lung fields
  + Low pitch, soft & breezy, soft and short expiration, inspiration is longer than expiration (2:1)

**Assessing oxygen needs of a patient**

* Ways you can access the oxygen needs of a patient:
  + Inspection/Observation
    - Cyanoisis
    - Rapid respiratory rate
    - Diaphoresis (sweating)
    - Using accessory muscles
    - Are they *anxious*
  + Palpation
    - Pulse that is rapid
  + Auscultation
  + Monitor
    - Blood gases
    - Oxygen saturation

**Monitoring of oxygen needs & modes of delivery**

* Monitoring
  + Oxygen Saturations
  + Respiratory Rate
  + Blood Gases, ABGs
* Modes of Delivery
  + Nasal Canula
  + Venti mask
  + 100% non rebreather
  + Bi-pap
  + C-pap

**Managing patients with secretions**

* Humidification
* Increase fluid intake to loosen secretions
  + IV fluids if they are not drinking well
* Postural Drainage

**Foods high in protein**

* Beans, Meats, Legumes, Nuts

**Different types of diets**

(example: this patient is fresh from surgery, what would their first diet be? ALWAYS clear liquids)

* Clear Liquid Diets
  + Limited to water
    - Tea
    - Coffee
    - Clear broths
    - Ginger ale
    - Other carbonated beverages
    - Strained and clear juices
    - Plain gelatin
* *Does not mean it has to be colorless*
* Does not supply adequate protein, fat, vitamins, minerals or calories
* Short term
* Full Liquid Diets
  + All foods included in the Clear Liquid Diet PLUS
    - Only liquids or foods that turn to liquid at body temperature
      * Milk and milk drinks
      * Puddings, custards
      * Icecream, sherbert
      * Vegetable juices
      * Refined or strained cereals (i.e. cream of rice)
      * Cream, butter, margarine
      * Eggs (in custard and pudding)
      * Smooth Peanut butter
      * Yogurt
* Soft Diets
  + Easily chewed and digested. Usually ordered for clients having difficulty chewing and swallowing
  + All foods on full and clear liquid diets, plus:
    - Meat: all lean, tender meat, fish or poultry (chopped, shredded)
    - Spaghetti sauce with ground meat over pasta
    - Meat alternatives: scrambled eggs, omlet, pached eggs, cottage cheese, mild cheese
    - Vegetables: mased potatoes, sweet potatoes or squash
    - Vegetables in cream or sauce; other cooked vegetables as tolerated (i.e. spinach, cauliflower, asparagus tips), chopped and mashed as needed; also Avocado.
    - Furits: cooked or canned fruits; bananas, grape fruit and orange sections without membranes, apple sauce
    - Breads and cereals: enriched rice, barely, pasta, all breads, cooked cereals
    - Desserts: soft cake, bread pudding

**Foods high in cholesterol**

* Peanut oil
* Eggs
* Cheeses

**Maintaining good bowel function**

* Increase your liquids
* High fiber diet
* Movement and exercise

**Urinary problems that occur more frequently in woman**

* Urinary Tract Infections (UTI)
  + Because of a shorter urethra

**Urinary problems and their causes**

* **Polyuria**( or diuresis)- refers to the production of abnormally large amounts of urine by the kidneys, often several liters more than the client’s usual daily output.
* **Oliguria**-low urine output usually less than 500ml/day or 30ml/hr for an adult.
* **Anuria**-lack of urine production.
* **Frequency** –voiding at frequent intervals, more than four to six times/day.
* **Nocturia**- voiding two or more times at night.
* **Urgency**- the sudden, strong desire to void.
* **Dysuria**- voiding that is either painful or difficult.
* **Enuresis**- involuntary urination in children beyond the age when voluntary bladder control is normally acquired, usually 4-5 years of age.
* **Incontinence**- involuntary leakage of urine or loss of bladder control, is a health symptom not a disease.
* **Hesitancy**- difficulty initiating urination
* **Neurogenic** **Bladder**- impaired neurologic function can interfere with the normal mechanisms of urine elimination. The client does not perceive bladder fullness and is therefore unable to control the urinary sphincters.

**Influences on urinary elimination**

* Age
* Amount of fluid taken in
  + Enough or not enough
* Bladder Tone
* Enlarged Prostate (men)
* Structural problems with the urethra

**Urinary** **incontinence**

* Neurological – tumor on the spine
* Spinal Cord Damage
* MS – multiple sclerosis
* Leugherics disease
* ALS
* Paraplegia
* Quadriplegia
* Lack of Bladder tone
* Urinary sphincter is laxed and not working

**Stress, relaxation techniques, interventions**

* Yoga
* Exercise
* Guided Imagery
* Meditation
* Visualization
* Massaging
* Reiki
* Meditation

**Physiologic reactions to stress**

* Higher pulse
* Higher resp rate
* Higher BP
* Dilated Pupils
* Diaphoretic
* Impatient
* Cant settle down
* Fight and Flight

**Pain and nurse pt relationship**

* Gain the Patients Trust
* Be NON-Judgmental
  + Do not PRE judge them

**Pain control**

* Repositioning
* Apply heat or cold
* Give non narcotics (Tylenol, ibuprofins (NSAID)
* Narcotics, opiods
* Mild – 1 percocet
* Moderate
* Severe – 2 percocet, morphine

**Pain assessment prior to administration of opioids**

* Pain level on a scale from 1-10
* They can depress your respiratory system, KNOW the respiratory rate

**Interventions for insomnia**

* Routines
* Do they listen to music, tv etc
* Drink hot milk

**Symptoms of sleep apnea**

* Snoring frequently and loudly
* Enlarged tonsils and adinoids
* Deviated septum
* More red and irritated uvula

**Types of sleep disorders**

* PARASOMNIAS –(behavior that may interfere with sleep)
  + Bruxism-grinding your teeth
* Enuresis-bed-wetting
* Periodic limb movement PLMD or RLS- restless leg syndrome
* Sleep talking Sleepwalking
* INSOMNIA
  + Difficulty falling/ staying asleep
  + Excessive Daytime Sleepiness
  + Waking up frequently
    - S/s
      * Difficulty concentrating
      * Irritability
      * Risk factors
      * Older age
      * Female
* HYPERSOMNIA
  + Sufficient sleep at night but cannot stay awake during day
  + Caused by medical or psychological disorders
* NARCOLEPSY
  + Caused by lack of hypocretin in CNS that regulates sleep
  + Clients have sleep attacks
  + Sleep at night usually begins with sleep-onset REM period
* SLEEP APNEA
  + Frequent short breathing pauses during night
  + >5 apneic episodes > 10 sec/hr abnormal
    - S/s:
      * snoring,
      * frequent awakenings,
      * difficulty falling asleep,
      * morning headaches,
      * memory & cognitive problems,
      * irritability

**Spirituality and the nurse pt relationship**

* Respect the icons/Book/Beads etc
  + Don’t disrespect their things. If you move them, put them back.

**Sexual history**

* Develop a good, trusting relationship
* Make them comfortable
  + Treat them with respect
  + Give your full attention
  + Make eye contact
  + Show you care about their answers

**Kubler-Ross stages of grief and dying (DABDA)**

* Stages can happen in any order,
* You DO NOT have to experience all stages.
* Stages can be experienced more than once and you can bounce back and forth. The stages are:
* Denial
* Anger
* Bargaining
* Depression
* Acceptance

**Nurse patient relationship end of life**

* Contact the family to come
  + Get tissues
  + Get extra chairs
  + Provide privacy
* Keep them comfortable
* Open a window
* Sit with them